## VFC Vaccine Availability and Eligibility Effective October 15, 2007

VFC VACCINE- BIRTH TO AGE 18	PEDIATRIC LICENSING	RESTRICTIONS ON STATE SUPPLIED VACCINE
DTaP Diphtheria and tetanus toxoids, and acellular pertussis	6 wks – 6 yrs	None
DTaP-Hep B-IPV	6 wks – 6 yrs	None
Td Tetanus and diphtheria toxoid (adult formulation)	7 yrs – 18 yrs	Use when a medical contraindication to acellular pertussis vaccine exists
Tdap Tetanus and diphtheria toxoids, and acellular pertussis	10 yrs – 18 yrs	Give as a one time booster/ recommended at age 11/12
Hep B Hepatitis B	Birth – 18 yrs	None
IPV Inactivated poliovirus	6 wks – 18 yrs	None
Hib Haemophilus influenzae type b	6 wks – 59 months	None
MMR Measles, mumps and rubella	12 months – 18 yrs	None
Var Varicella	12 months – 18 yrs	None
MMRV Measles, mumps, rubella and varicella	12 months – 12 yrs	Not available due to manufacturing problems
Flu Influenza	6 months – 18 yrs	None
PCV 7 Pneumococcal conjugate	6 wks – 59 months	None
PPV 23 Pneumococcal polysaccharide	2 yrs – 18 yrs	Available for individual pediatric patients with high risk medical need
MCV 4 Meningococcal conjugate	11 yrs – 18 yrs	Includes border state residents whose source of primary care is in VT and college freshmen living in dorms. Excludes out-of-state students who attend school in Vermont
Hep A Hepatitis A	12 months – 18 yrs	Routinely for 12-23 mo and for high risk (travel, MSM, IDU) 2-18yo
Rota Rotavirus	6 wks – 32 wks	None
HPV Human papillomavirus	Females 9 yrs – 18 yrs	None

For the Vermont Recommended Immunization Schedule and the most recent Vaccine Availability and Eligibility please go to: <a href="http://healthvermont.gov/hc/imm/provider.aspx">http://healthvermont.gov/hc/imm/provider.aspx</a>

Vaccines are available to children (birth- age 18) universally from the VT Dept of Health through Vaccines For Children (VFC) enrolled providers

In order to maintain federal funding for vaccines, all Individuals must have VFC eligibility screening documented as follows:

- 1 = Enrolled in Medicaid / Dr. Dynasaur
- 2 = Alaskan Native or Native American (self identified)
- 3 = No insurance (cannot charge an uninsured individual more than \$13.86 for vaccine administration fee)
- 4 = Has Insurance other than Medicaid / Dr. Dynasaur